

Declaration of the end of trial form

NOTIFICATION OF THE END OF A CLINICAL TRIAL OF A MEDICINE FOR HUMAN USE TO THE COMPETENT AUTHORITY AND THE ETHICS COMMITTEE

For official use

Date of receipt:	Competent authority registration number: Ethics committee registration number:
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To be filled in by the applicant

A MEMBER STATE IN WHICH THE DECLARATION IS BEING MADE: UK

B TRIAL IDENTIFICATION

B.1 EudraCT number:	2004-000105-21
B.2 Sponsor's protocol code number:	ISRCTN 58585610
B.3 Full title of the trial:	CLL4: Chronic Lymphocytic Leukaemia Trial 4

C APPLICANT IDENTIFICATION (please tick the appropriate box)

C.1 DECLARATION FOR THE COMPETENT AUTHORITY	<input checked="" type="checkbox"/>
C.1.1 Sponsor	<input type="checkbox"/>
C.1.2 Legal representative of the sponsor	<input type="checkbox"/>
C.1.3 Person or organisation authorised by the sponsor to make the application.	<input checked="" type="checkbox"/>
C.1.4 Complete below:	
C.1.4.1 Organisation:	Clinical Trial Service Unit
C.1.4.2 Name of person to contact:	Rachel Clack
C.1.4.3 Address:	Clinical Trial Service Unit Richard Doll Building Roosevelt Drive Old Road Campus, Oxford OX3 7LF
C.1.4.4 Telephone number:	01865-743861
C.1.4.5 Fax number:	01865-743986
C.1.4.6 E-mail	rachel.clack@ctsu.ox.ac.uk

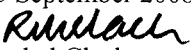

C.2 DECLARATION FOR THE ETHICS COMMITTEE	<input checked="" type="checkbox"/>
C.2.1 Sponsor	<input type="checkbox"/>
C.2.2 Legal representative of the sponsor	<input type="checkbox"/>
C.2.3 Person or organisation authorised by the sponsor to make the application.	<input checked="" type="checkbox"/>
C.2.4 Investigator in charge of the application if applicable ¹ :	
• Co-ordinating investigator (for multicentre trial):	<input type="checkbox"/>
• Principal investigator (for single centre trial):	<input type="checkbox"/>
C.2.5 Complete below:	
C.2.5.1 Organisation:	Clinical Trial Service Unit
C.2.5.2 Name:	Rachel Clack
C.2.5.3 Address:	Clinical Trial Service Unit Richard Doll Building Roosevelt Drive Old Road Campus, Oxford OX3 7LF
C.2.5.4 Telephone number:	01865-743861
C.2.5.5 Fax number:	01865-743986
C.2.5.6 E-mail:	rachel.clack@ctsu.ox.ac.uk

¹ According to national legislation

D END OF TRIAL

D.1	Is it the end of the trial in this Member State?	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
D.1.1	If yes, give date (YYYY/MM/DD):	2008/06/30	
D.2	Is it the end of the complete trial in all countries concerned by the trial?	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
D.2.1	If yes, give date (YYYY/MM/DD):	2008/06/30	
D.3	Is it a premature ending of the trial?	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>
D.3.1	If yes, give date (YYYY/MM/DD):		
D.3.2	What is (are) the reason(s) for the premature ending?		
D.3.2.1	Safety	yes <input type="checkbox"/>	no <input type="checkbox"/>
D.3.2.2	Lack of efficacy	yes <input type="checkbox"/>	no <input type="checkbox"/>
D.3.2.3	The trial has not commenced	yes <input type="checkbox"/>	no <input type="checkbox"/>
D.3.2.4	Other	yes <input type="checkbox"/>	no <input type="checkbox"/>
D.3.3	If yes to any of the above questions, briefly describe in an annex (free text):		
D.3.3.1	The justification for premature ending of the trial:		
D.3.3.2	Number of patients still receiving treatment at time of premature termination in the MS concerned by the declaration and their proposed management:		
D.3.3.3	The consequences of early termination for the evaluation of the results and for overall risk benefit assessment of the investigational medicinal product:		

E SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

E.1	I hereby confirm that/confirm on behalf of the sponsor that (delete which is not applicable): <ul style="list-style-type: none">The above information given on this declaration is correct; andThat a summary of the clinical trial report will be submitted to the competent authority and ethics committee concerned as soon as available and within a 1 year deadline after the end of the trial in all countries.
E.2	APPLICANT TO THE COMPETENT AUTHORITY (as stated in C.1) <input checked="" type="checkbox"/>
E.2.1	Date : 15 September 2008
E.2.2	Signature : 
E.2.3	Print name: Rachel Clack
E.3	APPLICANT TO THE ETHICS COMMITTEE (as stated in C.2) : <input checked="" type="checkbox"/>
E.3.1	Date : 15 September 2008
E.3.2	Signature : 
E.3.3	Print name: Rachel Clack